

2006

South Carolina Department of Natural Resources
Landscape Architect Registration Program
1000 Assembly Street, P.O. Box 167
Columbia, SC 29202
(803) 734-9131 FAX (803) 734-4086



APPLICATION FOR RENEWAL
SC LANDSCAPE ARCHITECT REGISTRATION PROGRAM

- Please remit \$75.00 and return your completed renewal form to the above address by **January 31, 2006** to ensure timely renewal of your individual license.
- **MAKE ALL CHECKS PAYABLE TO: SCDNR**
- A \$20.00 LATE CHARGE will be added to individual renewals postmarked after January 31.
- A \$25.00 Service Charge will be assessed for all checks dishonored by financial institutions.

SC Registration Number: _____ Name in Full: _____

Change of Address: _____ Yes _____ No

Residence Address: _____

City: _____ State _____ Zip Code: _____

Telephone Number (_____) _____

Firm Name: _____ Telephone Number(_____) _____

Firm Address: _____ FAX Number(_____) _____

City: _____ State: _____ Zip Code: _____

Firm Information: _____ Private Practice _____ Corporation _____ Professional Association _____ Partnership _____ Other

Position In Firm: _____ Individual _____ Partner _____ Officer _____ Employee _____ Other

E-Mail Address for Firm: _____

Address for Correspondence: _____ Residence _____ Firm

____ **I do not wish for my business information to be posted on the 2006 SC Landscape Architect Internet Roster.**

____ **I do not wish to renew my license for 2006 (your file will be marked as lapsed if you select this option).**

Have you ever been convicted of a crime, other than a minor traffic offense? _____ Yes _____ No
If yes, please explain :

I certify that I have read the South Carolina Landscape Architect Registration Law and I am qualified to practice Landscape Architecture in the State of South Carolina. The above information is true and accurate to the best of my knowledge.

Signature

Date